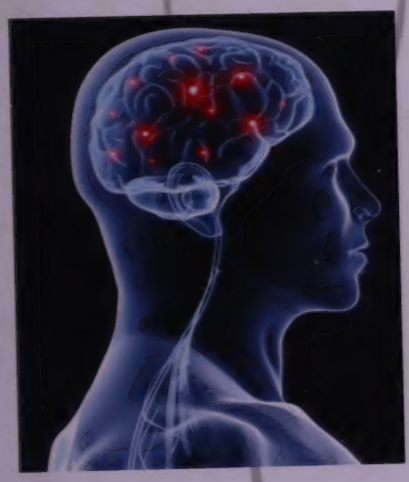
14TH NATIONAL CONFERENCE

NURSING RESEARCH SOCIETY OF INDIA (NRSI)

2010



"NURSING PRACTICE ISSUES AND INNOVATIONS: ENSURING HEALTHY COMMUNITIES"

SOUVENIR

Goutham Institute of Medical Science & Technology (Reg.)

GOUTHAM COLLEGE

ADMINISTRATIVE OFFICE :

#258, 5th Main, 2nd Cross, Manjunathanagar Ist Stage, W.O.C. Road, Rajajinagar, Bangalore-560 010. Karnataka, India

E-mail : gouthamgiri@yahoo.co.in Website : www.gouthamcollege.org.

Phone : 080-23119904, 23303737, 23385300 Fax : 91-080-23203777

MASTER DEGREE COURSES

M.Sc. Nursing	B.Sc.(N)Pc.B.Sc.(N) with 55% aggre.& 1 year Exp.	2 yrs.
MPT Physiotherapy	BPT / BP./ Th / B.Sc. (PT) with 50%	2 yrs.
M.Sc. Bio-Technology	B.Sc. with Chem. with Life Science, with 50%	2 yrs.(4 Sems.)
M.Sc. Micro-Biology	B.Sc. Micro all 3 years, with 50%, SC/ST/-45%	2 yrs.(4 Sems.)
M.Sc. Bio-Chemistry	B.Sc. with Chem. with Life Science, with 50%	2 yrs.(4 Sems.)
MSW Social Work	Any degree with 50% SC/ST-CAT-1-145%	2 yrs.(4 Sems.)
M.Sc. Psychology	Any degree with Psychology, with 50%, SC/ST/-45%	2 yrs.(4 Sems.)
M.Ed. Education	B.Ed. 50% SC/ST - 45%	1 yr. (2 Sems.)*

BACHELOR DEGREE COURSES

B.A.M.S. Ayurvedic Medicine & Surgery	PUC/HSC with 50% in PCB SC/ST - 45%	5 yrs.
B.P.T. Physiotherapy	10+2/PUC with PCB Sci. with 45%	4 1/2 yrs.
B.Sc. Nursing	10+2/PUC with PCB Sci. with 45%	4 yrs.
B. Pharmacy	10+2/PUC with in PCB with 50% SC/ST - 45%	4 yrs.
Pc B.Sc. Nursing Post Certificate Nursing	GNM pass with 2 yrs. experience	2 yrs.
B.C.A. Computer Application	10+2/PUC/JOC with any Group with 40% SC/ST - 35%	3 yrs.(6 Sems.)
B.Com. Commerce	10+2/PUC with any Group	3 yrs.(6 Sems.)
B.B.M. Business Management	10+2/PUC with any Group	3 yrs.(6 Sems.)
B.Sc. Bio -Technology (C.Z.Bt.)	10+2/PUC with II Group / Science	3 yrs.(6 Sems.)
B.Sc. Bio - Chemistry (Bi.Mi.Bt.)	10+2/PUC with Science	3 yrs.(6 Sems.)
B.Sc. Micro-Biology (C.B.Mi.)	10+2/PUC with II Group / Science	3 yrs.(6 Sems.)
B.Sc. Genetics (C.Z.G.)	10+2/PUC with II Group / Science	3 yrs.(6 Sems.)
B.Sc. (P.M.Cs.)	10+2/PUC Sci. with Mathematics	3 yrs.(6 Sems.)
B.Sc. Speech & Hearing	10+2/PUC with PCB Sci. with 50% SC/ST - 45%	3 yrs.(6 Sems.)
B.Sc. Fashion & Apparel Design	10+2/PUC any Group	3 yrs.(6 Sems.)
B.Ed. Education	Any degree in Arts & Science, Commerce with 50% SC/ST/45%	1 yrs.(2 Sems.)
L.L.B. (Law)	Any degree in with 50% SC/ST/45%	3 yrs.(6 Sems)
BA / B.Com. Evening College	10+2/PUC any discipline	3 yrs.(6 Sems)

DIPLOMA COURSES

GNM (General Nursing & Midwifery)	10+2/PUC/PDC with 35%	3 1/2 yrs.
TCH (D.Ed) Education	10+2/PUC or PDC / Science / Arts / Commerce with 50%	2 1/2 yrs.
DMLT - Lab. Technology	SSLC / 10th Standard / PUC Science	3 yrs. / 2 yrs.
DMRT - Medical Record Technology	SSLC / 10th Standard / PUC	3 yrs. / 2 yrs.
DMXT - X-Ray Technology	SSLC / 10th Standard / PUC Science	3 yrs. / 2 yrs.
DSHI - Sanitary Inspector	SSLC / 10th Standard / PUC Science	3 yrs. / 2 yrs.
DOT - Operation Theatre	SSLC / 10th Standard / PUC Science	3 yrs. / 2 yrs.
DNEA Nursing Edn. & Admin.	Dip.in Nursing with 2 yrs Experience	1 yrs.

PU COURSE

Science (P.C.M.B.)	SSLC/10th Standard	2 yrs.
Commerce (HSBSA, EBSACS., ESBSA)	SSLC/10th Standard	2 yrs.

14975
CLIC

Dr Ruchika D.S

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ಮುಖ್ಯ ಮಂತ್ರಿ

ವಿಧಾನ ಸೌಧ
ಬೆಂಗಳೂರು - ೫೬೦ ೦೦೧

Best wishes

Message

I am extremely happy to know that the 14th national conference of Nursing Research Society of India is hosted in RGUHS, Bangalore. On this occasion I wish to congratulate the organizers for their untiring effort.

The theme for the conference "Nursing Practice Issues and Innovations: Ensuring Healthy Communities" is very apt to the present day scenario and I wish the two day conference will have deliberations that will enlighten the national audience.

I wish to congratulate the organizers and wish grand success.

(B.S. YEDIYURAPPA)

S.A. RAMADASS
Minister for Medical Education

Room No. 406-407
Vikasa Soudha, Bangalore
Tele. No: 080-22252475
22034171

No. MME/17/2010

Date: .....
25-10-2010

MESSAGE

It gives me great please to know that the 14th National Conference will be held in Silicon Valley of Asia i.e.in Bangalore and it will be debateing " Nursing Practice Issues and Innovations: Ensuring Healthy Communities".

The Karnataka State is pioneering in nursing education in the country under the Rajiv Gandhi University of Health Sciences. Karnataka will be the destination for Medical Education in the countryin future.

It is happy to know that the conference will be debateing about standards and innovations in nursing practice which will be the boon to the community at large.

I wish all the best for the success of the Conference.

Thanking you,

(S.A. RAMADASS)
Medical Education Minister

V. SOMANNA
Minister for Food, Civil Supplies
and Consumer Affairs

Telephone: Off : 22250637
22033448
Fax : 22251496

Room No. 314, 3rd Floor
Vidhana Soudha, Bangalore-560 001

No. F.C.C.A./H.O.35/10-11

Dated ....21-10-2010.....

Message

It gives me great pleasure to extent my best wishes in the conduct of the 14th National Conference of NRSI-2010 at Dhanawanthri Hall, Rajiv Gandhi University of Health Sciences, Bangalore.

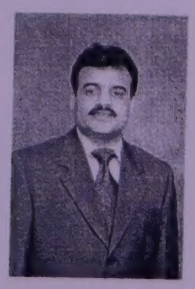
The theme for the conference "Nursing Practice Issues and Innovations: Ensuring Healthy Communities" is most appropriate and timely. The rapidly changing healthcare scenario today is marked by the application of advances in technology and molecular biology with ever increasing expectations of quality, professionalism and ethical standards that the community expects from healthcare providers. This makes it mandatory for the nurse just as much as any other member in the healthcare team to be fully aware of optimum and validated strategies for management of individual health problems coming under their care. I hope that this conference will highlight the need to have a bland in Nursing Research and Nursing service to build on quality care.

I wish to congratulate the organizers for identifying a most appropriate theme for the conference.

V. SOMANNA
Minister for Food and Civil Supplies and Consumer Affairs
Government of Karnataka

Dr. Ashwathnarayan C N
Member of Legislative Assembly
Malleshwaram Constituency

Office : No. 97/2, 4th Main Road,
11th Cross, Malleshwaram,
Bangalore - 560 003.
Phone : 080-23563944
Fax : 080-42067126
E-mail : ashwathcn@gmail.com



Date .....23.10.2010.

MESSAGE

I am glad to know that the 14th National Conference of NRSI-2010 is organized at Dhanawanthri Hall, Rajiv Gandhi University Health Sciences, Bangaluru.

The health care delivery is sophisticated dramatically so as to keep pace with the contemporary scenario in other fields. Explicit decisions are warranted in treating the patients. Quality patient care is ensured with the blend of basic sciences.

Research is systematic inquiry that uses disciplined methods to answer questions or solve problems. The ultimate goal of research is to develop, refine, and expand a body of knowledge. Nursing research may not actually be different from research in general, although it needs some additional tool of measurement for those activities peculiar to for example, clinical nursing, nursing research is one area of research which includes the breadth and depth of nursing as well as the preparation of practitioners and personnel involved in the total nursing spheres.

I hope that this National Nurses Conferences which attracts resource persons from various parts of the globe would help their expertise pooled and bring out the modem concept prevailing in their respective areas. Such dissemination of information will boost knowledge of the participants who will take such newer concepts and knowledge to their practicing area thereby benefiting other nurses too. I wish to congratulate the organizers for taking efforts to deliberate on this relevant topic of modern times. I wish the conference all success.

Dr. C.N. ASHWATHNARAYAN

Rajiv Gandhi University of Health Sciences, Karnataka
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Dr. S. Ramananda Shetty MDS
Vice-Chancellor

No.PS/58/2010-11

11-10-2010

MESSAGE

It gives me great pleasure to know that, the 14th National Conference of NRSI, is being held on 28th to 29th October 2010 under the auspices and guidance of Nursing Research Society of India. A fifteen year old University has stood by all those who initiate steps for any academic activity those results in advancement of knowledge, right from its date of birth. We are very happy that you have chosen "Dhanvantri" Hall of this University for this event.

I send my warmest greetings to the organizing committees, K.N.N. College of Nursing and VSS College of Nursing. I hope the comprehensive theme "Nursing practice issues and Innovations: Ensuring Healthy Communities" is apt, the conference will deliberate on all recent innovations. Genius and brilliance is natural instinct that ignites in appropriate environments and an ambience of conference of this type gives opportunity.

I wish this conference a success, and the approaching souvenir a total appreciation from the scientific societies in India.

Dr S. Ramananda Shetty
Vice-Chancellor

To
The Principal
VSS College of Nursing
Bangalore.

4th 'T' Block, Jayanagar, Bangalore-560041, India | Tel : +91-80-26961926 | Fax : +91-80-26961927 | e-mail: vcdrshetty@yahoo.com | www.rguhs.ac.in

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ
4ನೇ 'ಟಿ' ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು - 560 041.
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA
4th 'T' Block, Jayanagar, Bangalore-41. Tel : 080-26961935, 080-26961921 (EPABX)
Fax : 080-26961929. E-Mail : registrar@rguhs.ac.in

Ref.: No. RP/85/2010-11 Date: 18-10-2010

MESSAGE

I am happy to congratulate the organizing Committee of Nursing Research Society of India for bringing out souvenir to commemorate events of the Conference on ***"Nursing Practices Issues and Innovations: Ensuring Healthy Communities"*** to be held on 28th and 29th of October 2010. I believe that such a valuable work will be immensely beneficial to the nursing faculty all over India.

It is an established fact that today nursing faculty has attained its own importance in health field. The objectives set by the Organizing Committee of this Conference are very much appreciable and an effort on the part of NRSI is a noble one.

I wish all the best.

Yours faithfully,

(Dr. D.PREM KUMAR)
Registrar

To

The Chairman,
Organizing Committee,
Nursing Research Society of India,
CA23/B, 'A' Sector, Satelite Town,
Yelahanka,
Banglaore – 560 064.

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ
ಜನೇ 'ಟಿ' ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು – 560 041

Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block, Jayanagar, Bangalore – 560 041.
Phone: 080 – 26961930 Fax: 080 – 26961931- Website: www.rguhs.ac.in

Dr. G. S. Venkatesh
Registrar (Evaluation)
Rajiv Gandhi University of Health Sciences
Bangalore

I am happy that your institution is bringing out a Souvenir on the eve of **National Conference on 28th & 29th October 2010** under the aegis of NRSI. The theme of the conference is **"Nursing Practice Issues and Innovations: Ensuring Healthy Communities"**.

This occasion happens to be a window for showcasing the fine arts and literary talent for both students and staff. A coordinated effort towards enhancing such skills makes everyone excel in their professional skills. Through this you also succeed in achieving the goals set by your college.

I wish the function a grand success.

With regards,

Yours sincerely,

(Dr. G S.Venkatesh)

To,
Mrs. Esther Shirley Daniel,
Principal
KNN College of Nursing
CA 23/B, A Sector, Satellite Town
Yelahanka, Bangalore – 560 064

Rajiv Gandhi University of Health Sciences, Karnataka
4th T Block, Jayanagar, Bangalore – 560 041

Dr. G.V. Niranjan
Director, CDC

Tele :26961937
Fax : 26961937
e-mail :doctorgvn@hotmail.com

Message

I am happy that your Society is bringing out a souvenir during the upcoming National Conference on Nursing Research on 28th and 29th October 2010.

The objective of the conference are very apt and the evidence based nursing is taking the forefront.

A magazine happens to be a window for showcasing not only the creative instincts of teacher feternity but also their research activities and to express their creativity through various genres of writings.

I wish all the success and congratulate the organizing committee.

(Dr. G V NIRANJAN)
Director,
Curriculum Development Cell
RGUHS, Karnataka

Message

I am delighted to learn that the 14th National Conference of Nursing Research Society of India will be held on 28th and 29th of October, 2010 at Dhanvantri Hall of RGUHS, Bangalore. I am given to understand that hundreds of Nurses from all over the country will be participating in this conference. I congratulate the organizers and wish them success in their efforts to make this conference effective and useful for the participants.

The theme chosen by the organizers for this conference is appropriate and relevant. A nurse plays a significant role in the community in general and in the life of a patient in particular. She is chosen by God Himself to minister to the patient who is created in the image and likeness of God. In the words of Virginia Henderson, a nurse "must get inside the skin of her patients in order to know what he/she needs. She is temporarily the consciousness of the unconscious, the love of life for the suicidal, the leg of the amputee, the eyes of the newly blind, a means of locomotion for the infant, knowledge and confidence for the young mother, the mouthpiece for those too weak or withdrawn to speak and so on." In short, a nurse has a vocation to continue the healing mission of Jesus Christ, the divine Healer.

I congratulate the nurses who will come to Bangalore to participate in this conference and may this conference help them to be effective channels of healing love of Jesus.

Rev. Fr Lawrence D'Souza
Director, SJNAHS
Bangalore

Message

Nursing Research Society of India (NRSI) - a standing epitome of nursing profession, is organizing 14th National Conference with the theme "Nursing Practice Issues and Innovations: Ensuring Healthy Communities", on 28th & 29th October, 2010.

With conglomeration of experienced nursing faculty all over India and the stupendous efforts of organizing team, I am sure that the conference will be of a great success.

Bangalore has always played an important role in the areas of nursing education, service, research & development of profession. NRSI is holding its conference second time in Bangalore. "Great works are performed not by strength but by perseverance". We take pride in the laurels of our past years. But for us that is 'just not enough', as our innate desire is to achieve further strides, pushing limits, erasing boundaries & creating history.

On this blissful & memorable occasion, I wish all the very best for the national conference & the souvenir for all its grand success.

Dr. K. Lalitha,
Professor and Head,
Department of Nursing,
NIMHANS, Bangalore

☎ 22383230

Karnataka State Nursing Council

(Constituted under the Karnataka Nurses, Midwives & Health Visitors Act, 1961)

Office of the
Karnataka State Nursing Council
No. 71, Nightingale Towers
A-Street, 6th Cross, A.R. Extension
Gandhinagar, Bangalore – 560 009

Message

I am delighted to know that the 14th National Conference of NRSI-2010 is being organized at Dhanawanthri Hall, Rajiv Gandhi University of Health Sciences, Bangalore.

Research is a major force in nursing, and the knowledge generated from research is changing practice, education and health policy. Nursing research is concerned with systematic study and assessment of nursing problems or phenomena, finding ways to improve nursing practice and patient care through creative studies, initiating and evaluating change, and taking actions to make new knowledge useful in nursing. Nurses need to have good objective skills, they need to be purposeful, reflective and questioning and with this in mind, evidence based nursing should always maintain a balance between research on a clinical subject and information that has been gained from the patient. Essentially nursing research is about patients and providing the best quality care for them.

I am sure that you will find the 2 days deliberations to be valuable and rewarding experience as we keep moving forward for an alternative vision in Nursing Research.

B.N. Muninarayanappa

(B.N. MUNINARAYANAPPA)
Nurse Registrar

CHILDREN'S EDUCATION SOCIETY (Regd.)

THE OXFORD COLLEGE OF NURSING

(Recognised by the Govt. of Karnataka, Karnataka Nursing Council,
Affiliated to Rajiv Gandhi University of Health Sciences and
Approved by Indian Nursing Council, New Delhi.)

No.6/9, 1st Cross, Begur Road, Hongasandra, Bangalore - 560 068.

✆ : 080 - 3021 9803, 3021 9804 Fax : 080 - 3021 9829

Message

I am very happy to know that the Nursing Research Society of India is holding the 14th National Conference at Bangalore, Karnataka from 28-29th October 2010. Nursing Practice Issues and Innovations : Ensuring healthy communities, the theme of the conference is aptly chosen.

The Nursing profession exists to provide a service to society and the service should be based on accurate knowledge and sound practice. Rapidly increasing body of nursing knowledge and technological advancements have affected the definition of nursing, role of the nurse and has reshaped nursing practice. The educational process by which we prepare nurses continues to experience change and modification to meet the challenges of the health related issues, problems, health care delivery system, to provide quality care. To meet these challenges we need to constantly undertake nursing research to gain solutions to problems. Let us look forward for quality nursing practice based on critical thinking and nursing research.

I wish the conference every success and best wishes to the organizers and participants for fruitful and productive deliberations.

With Best wishes

G. Kasthuri.

(Dr. G. KASTHURI)
Principal

EDITORIAL.....

GREETINGS TO EVERY ONE!

On this 14th National Conference of Nursing Research Society of India, we take this opportunity to great everyone and like to express our gratitude and acknowledge the efforts taken by the organizers to gather the national audience to highlight on "Nursing practice Issues and Innovations: Ensuring Healthy Communities".

Health is more than the absence of physical ailments; it is a notion that encompasses the wellbeing of individuals, families, and entire communities. To ensure healthy communities nurse practitioners will have to move outside hospital walls and into the heart of the villages and cities they serve. They work hand-in-hand with a host of community stakeholders ranging from teachers and religious leaders to business owners and government officials in an effort to address such diverse issues as substance abuse, environmental protection, healthy lifestyles, and intimate partner violence.

We thank the experts from Nursing and other fields who contributed their views to enlighten the theme of the conference.

Best Wishes.

Message from the Desk of Chairman: Organizing Committee

The year **2010 has been declared as the 'International Year of the Nurse' by the United Nations.** This also is the centennial year of the death of Florence Nightingale (1820-1910) whose influence on modern nursing within the institutionalized system of patient care is global. The role of nursing is becoming increasingly important in India's health care in the context of demographic changes and institutionalized healthcare.

Innovation refers to developing and adopting new approaches, technologies, products and ways of functioning. In nursing, it means finding new information and better ways of promoting health, preventing disease and better patient care. One of the earliest examples of innovations is Nightingale's landmark study of maternal morbidity from puerperal fever following childbirth. Observing the high number of deaths in maternity wards, her query was, "Do more women die after giving birth in a hospital rather than at home? And if so, why?" Her study proved that the death rate was higher for women who gave birth in hospitals; her innovation resulted in changes to the services that resulted in the saving of women's lives.

Innovations often arise out of necessity in order to address a need or a gap in service or technology. As an example, nurses know that caring for preterm infants in incubators is expensive, and unsafe if not properly done. Incubators are also not readily available in a number of countries. Kangaroo care was developed by a nurse as an easy, economical, safe and socially acceptable alternative.

Nurses are uniquely positioned to identify risk factors, provide information to manage these risks, and promote the benefits of healthier lifestyles, diets and avoid risky behaviors. A key component of Primary Health care is the concept of community development. Over the past decades the progress made in the health status of our nation has been far from expected. Primary Health care is not yet a reality for the entire nation. Nurses' presence in societal health care issues has been abysmal. In this context it is crucial that nurses revisit their contemporary role in ensuring healthy communities. There is gross inappropriateness and under-utilization of resources even when nurses are employed outside hospital. Nurses have the capacity to provide health in contrast to disease care. Providing 80% of primary health care, nurses work

closely with communities. Nurses continue to innovate in PHC. Trained nurses, who were moved from fixed location clinics to village residences built by the community, provide ambulatory care and visits to all houses in the community for health education, follow-up and diagnosis. Evaluation showed the nurses achieved reductions in child mortality rates through improved treatment of acute respiratory infections, malaria and diarrhea and through improved childhood vaccination. With the placement of nurses in hospitals and community settings, and the type of care needed to prevent expensive institutional care, nursing has the potential to become part of the solution.

Shortages of skilled nurses and their uneven distribution are twin challenges in health care scenario across the across the world. Workforce innovations play an important part in health care policy and development. The Wellness Center's offer a range of services, including testing, counseling and treatment for HIV and TB; antenatal services, including Prevention of Mother to Child Transmission (PMCT); stress management; post exposure prophylaxis; screening for chronic conditions and a training and resource/knowledge center for continuous professional development.

Advances in diagnostics, imaging and communication technologies have also resulted in new models for the delivery of nursing education.

Nurses must be assertive in expanding their role like their western counterparts where nurses have significantly made an impact on society. There are sporadic and very few fragmented efforts in India where nurses have initiated efforts to expand health care to communities beyond institutionalized settings. However, evidence of the trend seems to be promising for nurses in the near future.

It is in this context that the Nursing Research Society of India is organizing a national conference on Nursing Practice Issues and Innovations: Ensuring Healthy Communities, to rediscover and examine the evidence, opportunities, issues and challenges of nurses in providing health care to all -- a professional responsibility for nurses and a right of every citizen of this country. The conference is expected to provide a focus to nurse leaders, administrators, researchers and policy makers in collectively spearheading a revolution in the social presence and responsiveness of the entire nursing community for a healthy India.

Prof. Esther Shirley Daniel
Principal
K N N College of Nursing,
Bangalore.

Registration Committee

Invitation and Reception Committee

Programme Committee

Hospitality Committee

Souvenir Committee

Catering Committee

Health Committee

Entertainment Committee

Sight Seeing Committee

Accommodation Committee

Exhibition Committee

Sight Seeing Committee

THE CORE COMMITTEE

NURSING RESEARCH SOCIETY OF INDIA

14th NATIONAL CONFERENCE

28th & 29th OCTOBER 2010

COMMITTEE MEMBERS

SL NO	COMMITTEE	NAME	DESIGNATION
1	Organizing Committee	DR. C. N. Ashwathnarayan, M.L.A.	Chief Patron
		DR. B.T. Basavanthappa	Patron
		Dr. A.T.S. Giri	Patron
		Dr. G. Kasthuri	Patron
		Dr. Usha Ukande	Patron
		Mrs. Reena Bose	Patron
		Prof. Esther Shirly Daniel	Chairman
		Prof. I. Clement	Chairman
2	Research Committee	DR. B.T. Basavanthappa	Chairman
		Dr. K. Lalitha	Co Chairman
3	Finance Committee	Prof. Santham Lillypet A	Chairman
		Mrs. Sujatha Murthy	Co Chairman
4	Registration Committee	Sr. Marina	Chairman
		Prof. Pushpa D	Co Chairman
5	Coordination Committee	Prof. Nandeesh J	Chairman
		Prof. Ramu K	Co Chairman
6	Invitation & Reception Committee	Prof. M.V. Yashodamma	Chairman
		Mr. Rajesh R	Co Chairman
7	Programme Committee	Dr, Jyothi S	Chairman
		Prof. Jobi Jecob	Co Chairman

8	Exhibition Committee	Sr. Jacintha D'Souza Prof. B.A. Yathi Kumara Swamy Gowda	Chairman Co Chairman
9	Press & Publication Committee	Prof. Veda Vivek Prof. Nagarajappa D	Chairman Co Chairman
10	Hospitality Committee	Prof. Shylaja Krupanidhi Assoc. Prof. Susheela R	Chairman Co Chairman
11	Souvenir Committee	Prof. Sheela Ramakrishnan Sr. Shanty Chacko Mrs. Agnes Pereira Ms. Mahalakshmi Mr. Anil Kumar K. Mr. Prasannakumar D.R. Mr. Sandesh S.K.	Chairman Co Chairman Member Member Member Member Member
12	Catering Committee	Prof. Virginia Mary V Prof. Sonali Jadhav Tarachand	Chairman Co Chairman
13	Accommodation Committee	Prof. Dorothy D. Theodore Prof. Chitra R	Chairman Co Chairman
14	Health Committee	Prof. Hemavathy S Prof. Prakash H.B.	Chairman Co Chairman
15	Transport Committee	Prof. Dinesh Selvam S. Prof. Hanock Reuben	Chairman Co Chairman
16	Entertainment Committee	Prof. Shani John Sequeria Prof. Prabhavathi	Chairman Co Chairman
17.	Conference Minutes	Prof. Milka D. Madhale Prof. Sheela Williams	Chairman Co Chairman
18	Sight Seeing Committee	Prof. Gangabai B. Kulkarni Prof. Prema P	Chairman Co Chairman

NRSI 14TH NATIONAL CONFERENCE

Theme: Nursing Practice Issues And Innovations: Ensuring Healthy Communities

PROGRAMME SCHEDULE : DAY 1 (28/10/10)

DHANAVANTRI HALL,

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BANGALORE.

PROGRAMME LIST

Date	Time	Topic	Speaker
28.10.10	**8:30am - 9:00am**	**Breakfast & coffee**	
	9:00am - 10:00am	Registration	
	10:00am - 11:30am	Inauguration Ceremony	
28.10.10	**11:30am- 11:45am**	**Tea break**	
28.10.10	**SCIENTIFIC SESSION I**	**Introduction to Sub Theme: 1:**	
28.10.10	11:45am -12:15pm	**Strategies for enhancing community based practice**	Dr. Jeyaseelan M.D., Dean, Annai JKK Sampooraniammal College of Nursing, Erode, Tamil Nadu.
28.10.10	**SCIENTIFIC SESSION II**	**Sub Theme 1: Scientific papers**	
		Moderator	Dr. B.T. Basavanthappa, Principal, Rajareshwari College of Nursing, Bangalore, Karnataka.
		Chairman	Dr. Tapti Bhattacharjee, Editor, NRSI Journal & Principal, Bharti Vidyapeeth Deemed University, Pune, Maharastra.
28.10.10	12:15pm– 12:25pm	Presenter 1 Is the individualized, home based nutritional educational intervention by nurses effective in improving the child care practices of mothers and nutritional status of children children with PEM?	Ms Kala.Suneetha Geetanjali College of Nursing Kadapa, Andhra Pradesh

	12:25pm– 12:35pm	Presenter 2 EBP towards the achievement of Health Care Goals by Nurses in a Selected Community.	Sr. Doris, Principal, Holy Cross College of Nursing, Kottayam, Kollam, Kerala.
	12:35pm– 12:45pm	Presenter 3 Structured Teaching Programme on Knowledge, Attitude And Practice of Physical Wellbeing among Children in Selected Schools of Bargur, Krishnagiri, Tamilnadu.	Dr. S.Valliammal, Lecturer, Department of Child Health Nursing, NIMHANS ,Bangalore.
	12:45pm– 12:55pm	Presenter 4 Child To Child Programme On Prevention Of Lead Poisoning	Ms. Gomes Clarisa Milagrina, Lecturer, Department of Child Health Nursing. KNN College of Nursing, Bangalore.
	12:55pm– 01:15pm	Interactive session	
28.10.10	**1:15 pm– 2:00 pm**	**Lunch Break**	
28.10.10	**SCIENTIFIC SESSION III**	**<u>Introduction to Sub Theme 2:</u>**	
	2:00 pm –2:30 pm	**Integration Of Theories Into Nursing Practice**	Prof. Sujana Chakarvarty, Dean, Faculty of Nursing, Jamia Hamdard, Deemed University, Hamdard Nagar, New Delhi.
	SCIENTIFIC SESSION IV	**Sub Theme 2: Scientific papers**	
		Moderator	Dr.Nagarajaiah ., Assoc. Professor, Department of Nursing, NIMHANS,Bangalore.
		Chairman	Prof. Selva Titus Chacko, Vice President, NRSI & Professor in Nursing, College of Nursing, CMC & Hospital Vellore, Tamil Nad u.
	2:35 pm –2:45 pm	Presenter 1 Psychosocial problems of patients living with sickle cell disease.	Prof. Theyamma Joseph, Principal, Mar Baselious College of Nursing, Kothamangalam, Kerala.

28.10.10	2:45 pm –2:55 pm	Presenter 2 Must Sexuality and Gender Learning needs of Nursing Students be contextualized within the Nursing Curricula? A Qualitative Analysis of Questions Asked during a Pilot Training Session.	Prof. Maryann Washington, Program Coordinator, National Capacity Building Framework for Implementation of PPTCT, St John's Medical College and Hospital, St. John's National Academy of Health Sciences, Sarjapur Road, Bangalore.
	2:55 pm –3:05 pm	Presenter 3 Effectiveness of anger control measures on the level of anger of children with emotional and behavioral disorder."	Ms. Shamala Clinical Instructor College of Nursing, NIMHANS, Bangalore.
	3:05 pm –3:15 pm	Presenter 4 Effectiveness of Planned Teaching Programme regarding Adolescents' Mental Health And Illness on the Knowledge among High School Teachers.	Ms Priyadarshini LB, Lecturer, Department of Psychiatric Nursing , Narayana Hrudayalaya College of Nursing, Bangalore.
	3:15 pm –3:25 pm	Presenter 5 Potential Risk for Postnatal Depressive Symptoms and Family Support among Postnatal Women Attending For Follow Up	Mrs Anitha C.Rao Associate Professor Canara College of Nursing, Prafull Enclave,Kundapur-Karnataka.
	3:25 pm –3:35 pm	Presenter 6	
28.10.10	3:35 pm – 3:45 pm	Interactive session	
28.10.10	**3:45pm – 4:00 pm**	**Tea Break**	
28.10.10	**SCIENTIFIC SESSION V**		
	4:00pm – 4:30 pm	**Nurses serving communities beyond PHC's**	Dr. Ruchika Dewan Singh Technical Officer, Catholic Health Association of India (CHAI), Hyderabad.
	4:30pm – 5:00 pm	**Nurses' Status Question: Locating it in the Indian hospitals**	Dr.Sreelekha Nair, Junior fellow, Centre for Women's Development Studies (CWDS), New Delhi.
	5:00pm – 5:10 pm	Interactive session	

28.10.10	SCIENTIFIC SESSION VI	Free Paper Presentations	
		Moderator	Dr. Usha Ukande, Secretary, NRSI & Principal, Choithram College Of Nursing, Indore, Madhya Pradesh.
		Chairman	Dr. Jothi M S, Principal, Siddaganga Institute of Health Sciences and Research, Tumkur, Karnataka.
	5:15pm – 5:25 pm	Presenter 1 A Study To Assess The Effectiveness Of Vibratory Foot Massage Therapy On Pain Among Post Coronary Artery Bypass Surgery Patients	S. Jamunabai, Lecturer, Department of Medical Surgical Nursing, Narayana Hrudayalaya College of Nursing. Bangalore.
	5:25pm – 5:35 pm	Presenter 2 A descriptive study to assess the level of coping among the wives of alcohol dependents.	Mrs. G. Jothimani, Clinical Instructor, College of nursing, NIMHANS.
	5:35pm – 5:45 pm	Presenter 3 Prevalence of overweight/obesity and its associated risk factors among adolescents (12-16 years) in selected schools of Bangalore city.	Ms. Minnu Elizabeth Michael, Lecturer, Department of Child Health Nursing, Narayana Hrudayalaya College of Nursing, Bangalore
	5:45pm – 5:55 pm	Presenter 4	
	5:55pm – 6:05 pm	Interactive session	
	6:05pm – 7:00 pm	Cultural programme	
	7:00pm – 8:30 pm	**Dinner**	

PROGRAMME SCHEDULE : DAY 2 (29/10/10)

DHANAVANTRI HALL, **RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BANGALORE**

PROGRAMME LIST

29.10.10	**8:00am - 9:00am**	**Breakfast & coffee**	
29.10.10	**SCIENTIFIC SESSION VII**	**Free Paper Presentations**	
		Moderator	Dr. G. Kasturi, Principal, The Oxford College of Nursing, Bangalore.
		Chairman	Dr. Pity Kaul, Joint Secretary, NRSI & Reader SOHS, IGNOU, Maidan Garhi, New Delhi.
	9:00am – 9:10am	Presenter 1 Infection Control Considerations at planning stage of Hospital Design	Ms. Maitreyee Bhattacherjee Manager – Operations Healthcare Pvt Ltd Mumbai.
	9:10am – 9:20am	Presenter 2 Study to assess knowledge of staff nurses on therapeutic communication.	Mrs. Marykutty V. Ninan, Chief Nursing Officer & Prof. Mary Saji Daniel, Principal College of Nursing. MGM Muthoot Medical Centre, Kozhencherry, Kerala.
	9:20am – 9:30am	Presenter 3 Knowledge of Warning Signs of Cancer among adults attending Out Patient Department at Narayanapura Primary Health Centre, Bangalore, Karnataka.	Mrs. Amsa Devasitham. S, Department of Nursing. Kidwai Memorial Hospital, Bangalore.
	9:30am – 9:40am	Presenter 4 A Study To Assess The Attitude Towards Mental Illness In A Selected Rural Community At Bangalore.	Prof. Pushpa D., Vice Principal and Head, Department of Mental Health Nursing, St.Philomena's College of Nursing.
	9:40am – 9:50am	Presenter 5 Knowledge of Intrauterine Device among First Time Expectant Fathers.	Mrs.Sapna Varghese, Lecturer, Department of Obstetrics & Gynecological Nursing. KNN College of Nursing, Yelahanka, Bangalore-64.
	9:50am – 10:00am	Interactive session	

29.10.10	**SCIENTIFIC SESSION VIII**	**Introduction to Sub Theme 3:**	
	10:00am –10:30am	**Evidence of Standards in Nursing Practice**	Dr. Ramachandra, Principal, College of Nursing, NIMHANS
29.10.10	**10:30am11:00am**	**Tea break**	
	11:00am–2:00noon	**General Body Meeting & Elections of office bearers of NRSI**	Mrs. Kalpana Mandal Former Principal, RAK Collegeof Nursing. New Delhi. & Returning Officer.
29.10.10	**SCIENTIFIC SESSION IX**		
29.10.10	12:00noon 1:00pm	**Legal aspects of Nursing Practice**	Dr. Josephine Little Flower, Registrar, The Tamil Nadu Council for Nurses and Midwives, Chennai, Tamil Nadu.
29.10.10	**1:00 pm– 2:00 pm**	**Lunch Break**	
	SCIENTIFIC SESSION X	**Sub Theme 3: Scientific Papers**	
		Moderator	Mrs. Reena Bose, President, NRSI.
		Chairman	Miss. Santosh Yadav, Treasurer, NRSI & Superintendent, Lady Reading Health School, Bara Hindu Rao, New Delhi.
29.10.10	2:00 pm –2:10 pm	Presenter 1 Preparing Primigravid Women for Childbirth in South India: Behavioral Responses to Labour Pain and Outcome of Labour	Mrs. Eva Chris, Lecturer, Manipal College of Nursing, Center for Basic Sciences Complex, Bejai, Mangalore, India
	2:10 pm –2:20 pm	Presenter 2 'Assessing Foetal Well Being Through Cardiotocograph Among Staff Nurses.	Mrs. Jobi Jacob Vice Principal and Head, Department of Obstetrics & Gynecological Nursing. KNN College of Nursing, Yelahanka, Bangalore -64.

	2:20 pm –2:30 pm	Presenter 3 The effectiveness of anger control measures on the level of anger of children with emotional and behavioral disorder."	Mrs. A. Shamala, Clinical Instructor, College of Nursing, NIMHANS, Bangalore.
	2:30 pm –2:40 pm	Presenter 4 Effectiveness of Educational program on knowledge of nurses regarding occupational safety measures in their work setting	HP Hemavathy Staff Nurse General Hospital Indiranagar Blr
	2:40 pm –2:50 pm	Presenter 5 Structured Activity Programme on The Level of Self Care Ability on Personal Hygiene Of Patients Diagnosed With Schizophrenia	Mrs. N. Padmavathi, Clinical Instructor,, College of Nursing, NIMHANS, Bangalore.
	2:50pm –3:00pm	Interactive session	
29.10.10	**3:00pm –3:30pm**	**Announcement of Election results**	Returning Officer
29.10.10	**4:00pm –4:30pm**	**Valedictory Function**	
29.10.10	**4:30pm**	**Tea break**	

Note: *You are requested to collect the certificate for participation at the counter.*

NURSING PRACTICE, ISSUES AND INNOVATIONS: ENSURING HEALTHY COMMUNITIES

I. Clement, Principal, VSS College of Nursing, Bangalore-56

Introduction : All health care systems strive to provide safe and good quality health care; improve patient experience, tackle inefficiencies and update practice in the light of evidence from research. Nursing service is an integral part of the Health Sciences. While the latter has to adapt to the changing health care needs of the people, the challenge to nursing is to understand these changes to look ahead and incorporate modifications in its role. Promotion of primary health care to achieve the goal of "health for all" is the priority of the health care system in our country. Tomorrows nurses will be required to carry out a wide range of functions. Especially in areas like rural sectors, remote regions, and urban slums to achieve the above goal. Future roles of nurses would include helping people to gain access to primary health care that is scientifically sound, safe, appropriate, affordable and acceptable.

Nursing Practice : Is a primary health care provider to meet the health care needs of a group in the community expected to provide first contact primary care to clients or patients? World wide trend of the day is to extend the scope of nursing practice. Depending on the commitment to achieve "health for all "and prevailing sociocultural factors, our country has defined the authorized functions of the "nurse practitioner". The main purpose of a nurse practitioner role is to extend health care services to the neglected, remote or undeserved areas.

A community health nurse has several advantages that clinical nurses do not have in terms of their active role in the community, interacting medical and nursing sciences with sociocultural and practical realities of the people among whom they work. Research is a means of answering relevant questions and solving problems. Operational research tries to solve problems related to drug deliveries, drug consumption, help seeking habits, accessibility and acceptability of nursing services, appropriate health care, feasibility and adaptability of known health practices, constraints in utilizing and adhering to a treatment schedule, etc.

Community Based Practice : Health of the community denotes the health of the society and nation. People's health is one of the important parameters of community health practice. Community health nurse works at the preventive, therapeutic, restorative and rehabilitative level. Community health nurse is a key person of health team, participates actively in all the National Health Programmes and activities. Community health nurse is responsible for

providing all opportunities and facilities to provide total care to the entire community. Community health practice is concerned with the application of community health concepts for providing and promoting health for all people at large. Community health practice implies providing need based systematically planned comprehensive health care services. The emphasis is on primary level prevention and uses of community approach. Community health nurse provides and promotes need-based comprehensive nursing service of individuals and families. The services are rendered to promote and protect the health of family members, to regain and maintain their health, to prevent them from acquiring diseases.

Community based practice oriented nursing education enables the students to integrate cognitive and experiential aspects of learning as they provide primary, secondary and tertiary prevention services as well as acute and chronic care for families and community as a whole. Individuals and families as viewed within the context of the multiple periods of their individual lives, in order to meet their health care needs from a culturally competent approach.

Innovation in Community Health Nursing Practice : Innovation as the word signifies is "the action of introducing a new method, idea or product." Innovation in Community Health Nursing may be defined as "the process of introducing creative ideas and new approaches in community health nursing practice which are directed towards promoting, preventing, maintaining and restoring peoples' health with the community focused management strategies

Nursing Research : Today almost all nursing leaders and nursing organization offer professional nurse perhaps both the greatest demands and greatest rewards for nursing research. Research opportunities and needs await interested professionals in nursing. Professionals nurses are obligated both to ask the significant questions that need to be answered and to use research findings on the basis of nursing practice. Research in nursing generates the knowledge that is used in practice, while practice generates ideas of research. Nurses need to understand research as legitimate scientific enquiry.

To fulfill the professional obligations in health care delivery system, the nurses have to keep following objectives.

1. Nursing education will develop programs to educate practitioners skilled in scientific inquiry at all levels of practice
2. Nursing research will be an integral part of nursing education and nursing practice
3. Nursing practice will establish an environment receptive to inquiry and professional practice.

Most nurses' to-day would probably agree that a practice based on research is desirable. Capitalizing on that agreement, the profession could begin to present different images to the public. To help actualize the motivation to base nursing practice on research, education programs need to prepare students in scientific inquiry whole also preparing them to apply theory in the conduct of professional roles.

Conclusion : The community health nurse achieves objectives by giving continuous health teaching, guidance and support, counseling, personal and therapeutic care and health checkup. Community health nurse provides supportive services to physician in making diagnosis and carrying out medical treatment. The Community health nurse while providing health care services to families, helps them improve their environment conditions, modify their life style affecting their health, strengthen their resources, capacities and abilities; make psychosocial adjustments. She directly and actively participates in health promotion and prevention of diseases, assists in early diagnosis and treatment of disease and also in prevention and limitation of disabilities.

References

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PHC ENHANCEMENT PROJECT

Dr Ruchika Dewan Singh, CHAI

The Program is counted as one of the break through initiatives in Andhra Pradesh mainly because of its approach of providing HIV related services to the rural population (coming under PHC area), through the placement of a Nurse practitioner from outside the Government circle. The PHC through the Nurse Practitioner and the support of PHC Medical Officer provides HIV testing, counselling, treatment to Opportunistic Infections, Sexually Transmitted Infections, Home based care, referral service and Community Outreach. CHAI Central Office specifically shoulders the responsibility of overall programme management, involving Human Resource Management, Capacity Building, monitoring and technical support, financial management and documentation. The Program is being implemented in close collaboration with APSACS and District Administration in 266 PHCs spread across ten districts of Andhra Pradesh.

During 2010, the program has been transitioned wherein all the 266 PHCs have been converted into Facility-Integrated Counselling and Testing Centers; and the Nurse Practitioners are being appointed to work as Staff Nurses in PHCs under NRHM.

During the five years of its implementation, the project has reached over 10 lakh ANC women with PPTCT services and over 16 lakh general population with counseling and testing services. Among the 10 districts of implementation, the project has contributed to over 40 percent of the state's load of counseling and testing.

Uniqueness of project :

- **First time in the country:** The Integrated Counseling and Testing Centre (ICTC) are often the first interface of citizens with the entire range of preventive, care and treatment services provided under the umbrella of the National AIDS Control Program (NACP). The introduction of ART services to people living with HIV/AIDS in 2004, gave a major boost to counseling and testing services in the country. Under NACP-III, Voluntary Counseling and Testing Centers (VCTC) and Prevention of Parent to Child Transmission Centers (PPTCT) are re-modeled together as ICTC (Integrated Counseling and Testing Centre). In India ICTCs were 109 in 2001 and these centers are located at the state, district and sub district level and non at the primary health centre level. In the year 2002, AP started the counseling and testing services with no centers at the primary health centre level then. The PHCEP project is first of its kind in India where HIV/AIDS prevention services are provided at the PHC level.

- **Integration of PPTCT services at the PHC level**: This is again for the first time in the country the PPTCT services were integrated at the PHC level which includes in providing counseling, testing, conducting positive deliveries, Niverapine administration, followup of mother and child till 18 months and child HIV testing.

- **Task shifting :** An innovative model of *task shifting* where the PHCEP Nurse is trained in providing comprehensive HIV/AIDS services taking the role of four health care providers, a lab technician, an outreach worker, a Counselor and a nurse.

- **PHCEP under the gender lenses: T**o increase the accessibility of rural women, female nurses have been placed at the PHCs as the service providers which help the female clients in accessing the health services.

I. Role of Nurse Practitioners

1. Provide care and support to people living with HIV/AIDS (PLHAs) both in the allotted PHC and in the Community.
2. In collaboration and under the guidance of PHC Medical Officer, manage STIs, Opportunistic Infections (OI), tuberculosis in the PHC and Home setting and provide basic medical care for PLWHAs at the PHC
3. Organize and provide a Voluntary Testing and Counseling Center (VTCT) including carrying out a rapid HIV test at the PHC on a regular basis.
4. Facilitate prevention from parent to child transmission of HIV (PPTCT). Provide testing to Antenatal women attending PHC services and offer nevirapine to sero-positive mothers and children born to sero positive mothers.
5. Communicate effectively messages prepared for the prevention of HIV/AIDS and for proper care covering all the villages in the allotted PHC area
6. Provide counseling to individuals, family and the community in all areas related to HIV/AIDS
7. Provide technical support to PLHA out reach workers in the community
8. Organize support group meetings for PLHAS in the PHC premises.
9. Jointly undertake OR Work with Outreach workers, VHNs and MPHWs and supervise them in their HIV/AIDS related work and out reach activity. More specifically, they may train and follow up VHNs / MPHWs attached to the PHC area on HIV education, prevention, condom promotion, basic STD syndromic management and basic care and support of PLHAs.

10. Organize a network of existing care and support organizations/individuals in the area and create a system of referrals to/from this network that can be used by PLHAs and high risk, marginalized community members.
11. Facilitate folk theatre and mass education activities at the village level in collaboration with the government/non governmental media support agencies.
12. Coordinate HIV/AIDS related work at the PHC and the community levels.
13. Maintain proper records and reports expected of the project.
14. Submit regular reports according to formats developed.

NURSES' STATUS QUESTION: LOCATING IT IN THE INDIAN HOSPITALS

Sreelekha Nair, Junior fellow at the Centre for Women's Development Studies.

It is clear that anxiety about the question of status of nurses has been a dominant preoccupation for nurse leadership in India. This anxiety revolved around prestige, the problem of public miscomprehension of nursing and a general failure by those outside the profession to recognise its 'honour'. The gap between self-understanding and public image is clearly evident and is the cause of this status anxiety. Some of the findings of a recent study conducted by the Centre for Women's Development Studies (CWDS), New Delhi on nurses in the city of Delhi, provide important insights to explain the background situation. While the study concentrated especially on migrant nurses from the state of Kerala, it found that the problematic – and, indeed, stigmatized -- status of Indian nursing continues to structure the everyday lives of nurses in our country. Though it is not possible to look at the historical background of the nursing's status issues in detail here, it is important to locate that within the institution of nursing as it developed in the West. The models of nursing that were developed in India by Western nurses had already been shaped by status problems encountered there. There were tensions based on the issues of class and gender in the evolution of nursing during this time. Beginning from Florence Nightingale's influential and well-publicised reforms, the idea that nurses should be motivated by vocations and a desire to serve rather than material gain came into vogue, which seems to dominate the dominant thinking pattern here too.

Emissaries of modern trained nursing in India, therefore, brought with them a professional model replete with anxieties about status, and complete with a set of strategies – heavy discipline to the extent of no-questioning of superiors' orders, a discourse of purity and 'nobility', perception of nursing as a vocation or calling than a job, a notion that nurses were above materialistic motivation – designed to safeguard the moral status of nurses in public view and to distance them from their working-class predecessors. As nurse leaders pushed for state registration and educational improvement, a strong concern about nursing's claim to professional status also developed. Preoccupation with nursing's status in the public sphere was built into the institution that was brought by Western nurse leaders to India. Long standing grievances against poor working conditions and the mistreatment of nurses at the hands of the hospital managements in Indian private hospitals have to be seen against that context.

What is immediately relevant is that in the current context, the disparity in the working conditions of nurses in private and public sector hospitals in India is overwhelming. While the salary offered to a fresh nurse in a public sector hospital before the implementation of the Sixth Pay Commission recommendations was in the basic scale of Rs. 5500/-, the total salary of a nurse in a private hospital who has completed the General Nursing-Midwifery degree (which takes 3 1/2 years after 10+2 years of schooling) ranges anywhere from Rs.2500 – Rs.6000. The difference is all the more glaring after the implementation of the Sixth Pay Commission recommendations in public sector hospitals, and has triggered a lot of disquiet among qualified nurses.

Working conditions, though better in government hospitals, are by no means favourable to nurses, who describe their duty as 'back-breaking'. In private hospitals even basic amenities are missing. There are no rooms for them to rest or to change their clothes in many of these hospitals. The nurse-patient ratio is a poor 1:30 and, even worse, as much as 1:50 in general wards. The shortage of nurses often results in nurses' having to work overtime. There is no system of compensation, though some hospitals have recently claimed that they are taking measures for paying overtime after nurses' prolonged protests. Hostels or accommodation offered are of minimal standards and offer no privacy in most cases. Many hospitals offer accommodation within their premises or close by. This often eases the pressure on migrant women nurses in urban centres like Delhi to find accommodation and daily transport to work. By doing this, hospitals are able to cut a substantial part of their costs on the House Rent Allowance that would otherwise have to be paid.

However, what remains largely invisible here is the extent to which the provision of accommodation also acts as a mechanism of control. Even providing transport – often in

ambulances -- for transport from their places of accommodation to the workplace and back results in a control of the movement of nurses. This also makes it possible to impose overtime work on nurses at short notice in the event of shortage of staff. The contractual agreement that the nurses enter into when they start their work includes signing a 'bond' that requires them to work in the hospital for two to three years. Confiscating the nursing certificates has become an established practice in order to restrict their professional mobility. The last two measures prevent nurses from seeking job opportunities without the knowledge of the management.

"Like many other fellow nurses, I have been asking myself why nurses are letting themselves get exploited, limiting themselves to employment in hospitals, nursing homes and clinics" says an Associate Professor of Community Nursing. She herself points out the reason: "Nurses are being replaced by nursing aides, auxiliary nurses and untrained assistants." Inadequate checks on the day to day management of private hospitals makes the exploitation of nurses quite easy. Nursing aides and auxiliary nurses can be paid just Rs. 1000 to Rs.1500 and are made to perform nursing duties including giving injections for which they are not trained, and where they actually put patients at risk. This brings in the question of hierarchy within nursing. Since successive governments have stated their desire to provide 'some sort of healthcare to the vast populace and to reach out to remote areas', they have turned a blind eye to the provision and regulation of health care in our cities, and Delhi is a prime example. It is this vacuum that the private hospitals are filling. Cost optimisation mainly takes the route of cutting down on salaries of the nurses and lower level staff.

Hospital managements' treatments of nurses sometimes violate basic norms of employeremployee relationships. A recent report in the Delhi edition of a Malayalam daily newspaper (02/12/2009, Malayala Manorama) alleged that a private hospital in Greater Kailash in Delhi employed goons to force nurses to vacate the hostels provided by the hospital after it was found that they had gone to attend a job interview. The report contends that nurses were asked to move out at night and without any notice. The salary of nurses who went to collect their nursing certificates from Hyderabad was reportedly withheld by the same hospital till they came back and joined work. Similarly, pamphlets issued by striking nurses in an Eye Institute in Sheikh Sarai, an institution with well-publicised altruistic programmes for the visually challenged, said that various methods used by the management to force nurses to go back to work broke existing norms of work relationships.

Another 'five star' hospital which is in the medical tourism business has been in the news for some time now because they have been strictly enforcing the rule that nurses cannot speak in their mother tongue during duty hours. The safety standards of nurses working with HIV

patients are also particularly poor in most hospitals. What is worse is that in case nurses themselves fall ill, they are not entitled to any medical treatment in the same hospitals nor do they get their medical expenses reimbursed. One of the most difficult challenges for the nursing profession in India has been in the realm of collective organising for rights. The CWDS study found that, being an all woman profession saddled with low status, with important exceptions, nurses have felt powerless to form unions. The nature of the work, which is seen to be an essential service, further constrains unionisation rather than helping nurses to achieve their demands.

In the past, efforts to organise nurses were confined to specific cases, such as violent physical attacks or sexual harassment, or issues like changes in uniforms. The gendered nature of the work and predominance of women in the profession have only made the situation more difficult. The growing hierarchy within nursing education -- a by-product of professionalization -- has only aggravated their exploitation, by creating divisions among nurses and preventing collective bargaining. The proliferation of various nursing diplomas and certificates in numerous nursing institutions has multiplied the divide. While highly specialised nurses are at one end of the spectrum, the employment of nursing auxiliaries and assistants who can be paid much less makes for the easy exploitation of even the average well-trained nurse.

Traditional trade unions have not been consistent in their efforts to improve the bargaining power of nurses. At most they have remained ambivalent about nursing and the nurses' cause. One reason is straightforward male bias against a profession dominated by women. Interviews with nursing leaders revealed that nurses' demands often got relegated to the background in the joint struggles of hospital workers. Nurses' own complicity in the lack of organization for collective bargaining reinforces this situation. Finding escape routes from the basic problems of Indian hospitals has been easier than collective organising in an already chaotic private sector. For the nurse struggling in India, migration to foreign countries that offer better service conditions and salaries has thus become the "solution" that defines the horizon. This is the direction in which the unorganised individual nurse focuses her agency in order to improve her own life chances, so that poor working conditions become an additional push factor for many. It is therefore a sign of a new level of consciousness among nurses in Delhi's private hospitals that a series of strikes have taken place.

Since independence, there are many policy measures that have been taken to improve the status of nursing. Many committees were set up even by the colonial government which suggested measures to widen the reach of the developing institutional healthcare system in India. These measures were also meant to enhance the quality of healthcare. However, nursing

has received step motherly treatment within these policies, even though measures have been taken to increase the number of nursing assistants and midwives. The fact that these initiatives have focused on patient care shifts the spotlight away from the need to improve working conditions of the nursing and other staff. Even now, improvements in the conditions of work of nurses are approached through this route of quality healthcare. For example, the recent Delhi ruling allowing married women to enter nursing training has been undertaken with the aim to deal with the shortage of nurses.

While married women should certainly not be discriminated in any way, this ruling concentrates on mechanisms to enlarge the pool of nurses. It is doing almost nothing to make sure that the poor working conditions are tackled at the earliest. One cannot wish away the problems of service conditions in private sector hospitals in India and the general role of the private sector in the healthcare scenario in our country. A large share of the healthcare burden is carried by these private hospitals in urban areas and by small private nursing homes in semi-urban areas. Even the implementation of existing regulations on minimum wages and labour laws will enable nurses to get a better deal in terms of salaries and basic conditions of work

.Nursing in the Indian context is restricted to caring for the sick, and this approach further constrains the institutional role of nursing. Patients' engagement with nurses is limited to the period when they are sick, and issues concerning the inadequate number of nurses and low quality healthcare are forgotten as soon as they leave the hospital. Curing the ills of the health sector and raising the low status of nursing requires lie in widening the definition of health itself from 'curative settings to preventive and promotive settings' as pointed out by a young nurse. The larger question of the status of nurses more generally also needs to be tackled. A long term perspective is required to deal with status issues which are intertwined with collective prejudice and the social stigmatization of nurses. Nevertheless, any improvement in their material conditions of work can go a long way in enhancing the social prestige of nursing and nurses.

"INNOVATIONS AND EFFICIENCY IN NURSING PROFESSION"

Sangamesh Nidagundi, Principal, Sri Kalabyraveshwara Swamy College of Nursing, Bangalore.

Nursing is a highly skilled profession and an integral part of medical sciences and services. It is a blend of science and technology with the art of caring and compassion. The unprecedented developments that are taking place in medical sciences; technology have made the profession of nursing to work in an environment that is constantly changing to provide the best possible care for patients. The complexity of technology has a bearing on the efficiency of nurses.

Unfortunately, the system we have today is not helping nurses to acquire themselves at least basic knowledge and skill to use nursing technology efficiently. Further, although with the advent of Health University nursing education is finding its own identity and we are yet to structure and frame the up to date syllabus.

In the light of the above I would like to observe we do not give an opportunity for the nurses to refresh themselves and orient to the latest development. Therefore I strongly feel that the university and Councils should conduct refresher as well as orientation courses periodically and help nurses to familiarize and acquire the knowledge about innovations. VIZ, latest machines, techniques and skills in the stand.

Objectives

1. To understand the development of nursing technology during the last 25 years
2. To ascertain the latest trend in the technology by making a comparative analyses of it in 1980 and 2010
3. To understand the impact of latest nursing technology on the nursing profession.

The above objectives are intended to be realized by collecting primary data on the latest nursing technology from reputed sophisticated hospitals.

Methodology : This paper is based on both primary and secondary data. The primary data were collected from 100 serving nurses in the hospital of Bangalore. These nurses were chosen with purposive sampling method. In order to obtain comparative perspective it was decided to choose 50 nurses having more than 20 years of service. Similarly in order to seek the opinion of youngsters and another 50 nurses having less than 5 years of service were chosen. It is

focused this exercise will help us to capture the development of the nursing technology during the last 25 years. The data were collected with the help of structured questionnaire simple statistical diagrams have been used to present the data cogently and subject them for simple statistical analysis.

Importance of the Study : Nursing education is climbing new heights with each day. With the unprecedented increase in the number of patients the demand for nurses and their service is also on the rise. Technological inventions and innovations have dramatically changed the nature and quality of nursing sciences. Academicians in the field of nursing education are deeply involved in research and discussion on improving the technology as well as passing it to the practicing nurses. A micro study like the present one is hoped to contribute the necessary information to the larger pool.

Conclusion : This small research helped the researcher to understand and compare the level of knowledge about the latest development in nursing technology among our respondents who belong to two different generations. It was found nurses belonging to younger generations found to have more knowledge about the latest technology when compared to older counterparts. Therefore the author wishes to suggest that the hospital authorities should make arrangement to hold capacity building program for the nurses periodically. Such program should focus on introducing and exposing nurses in the profession to the latest inventions and innovative. As an academician nursing councils of the entire states suit regularly update the syllabus by incorporating modern nursing technology.

EVIDENCE BASED NURSING PRACTICE : A WAY TO DEVELOP STANDARDS IN NURSING PRACTICE

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In order to achieve the optimal care for patients it is essential that their management should be based upon the best available evidence. Evidence based nursing practice (EBNP) is the only scientific way in developing the standards in nursing practice. Research studies show that EBP leads to higher quality care, improved patient outcomes, reduced costs, and greater nurse satisfaction than traditional approaches to care. EBP forms basis for clinical practice guidelines, and standards of care.

EBP in nursing is a process of locating, appraising, and applying the best evidence from the nursing and medical literature to improve the quality of clinical practice. **It is an integration of the best evidence available, nursing expertise, and the values and preferences of the individuals, families, and communities who are served. The key steps of EBNP comprised of cultivating a spirit of inquiry; asking clinical questions in PICOT format; search for the best evidence** in massive research databases such as MEDLINE or CINAHL; **critically appraise the evidence; evaluate the outcomes of the practice decisions or changes based on evidence; and disseminate EBP results.** When health care organizations adopt EBP, it becomes as the standard for clinical decision making.

Whereas **STANDARDS** in nursing practice are professionally agreed levels of performance, achievable, measurable and authoritative documents prepared by professional organizations based on accumulated scientific evidence that describe acceptable and achievable endpoints addressing structural, procedural, or outcome issues.

Since standards in nursing practice represent a degree of excellence and provide a common base for nurses to coordinate and unify their efforts in the improvement of practice, which are required to be reviewed and revised periodically, should be based on current knowledge and scientific practice. Without evidence they lack clinical creditability. Creditability is important to have its best impact. Even other disciplines after review of authoritative source material can reject those practices. Hence Evidence is must for standardizing the nursing practice and EBNP is an umbrella term whose steps can be used for describing the standards of nursing practice, its importance, purposes and characteristics and gives a direct way to develop standards in nursing practice.

Developing standards in nursing through Evidence in Indian scenario need literature resources, computer education, and organization support.

Key words: Evidence, Evidence based practice, EBNP, PICOT, Standards, literature resources

MODELING AND ROLE MODELING THEORY: INTEGRATING THEORY INTO NURSING PRACTICE

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Modeling and Role-Modeling theory (MRM; Erickson, Tomlin & Swain, 1983) provides a paradigm and theory for nursing. MRM is best depicted as a grand theory encompassing numerous mid-range theories. MRM has been applied in a variety of clinical practice settings, educational programs, and research.

In MRM, "Modeling" is to gain an understanding of the client's world from the client's perspective. That is to build a "model" of the client's world view. "Role-Modeling" is based on the assumption that all humans want to interact with others, they want to carry out selected roles in society. Role-Modeling is using the client's model of the world to plan interventions that meet his or her perceived needs, grow, develop and heal. Aim to build trust, promotes a positive orientation and a sense of control, affirm strengths and set specific mutual goals. Our nursing goal is to help people achieve quality, holistic health.

Major concepts in MRM are related to how people are alike, how they differ from each other, and what nurses do. Concepts related to how people are alike include holism, mind-body connections, basic needs including the need for affiliated-individuation, and needs for lifelong growth and development. Concepts that reflect how people are different from each other include genetic endowment, the unique model of the world, adaptation, and self-care. Concepts related to the nurse and nursing role are facilitation, nurturance and unconditional acceptance.

Nursing care is planned only after discussion and mutually agreed-upon goals of care. MRM was adopted as a framework for therapeutic care of clients

STUDY TO ASSESS KNOWLEDGE OF STAFF NURSES ON THERAPEUTIC COMMUNICATION

Mrs. Marykutty V. Ninan, Chief Nursing Officer &Prof. Mary Saji Daniel, Principal College of Nursing.

ABSTRACT

50 paticipants were selected by purposive sampling method. Data was collected by questionnaire on therapeutic communication. 96% of samples were females & 4% males. 60% were between the age group of 25- 30 years with3-8yrsexperience , 22% between age group of 20-25 with 1 3 years, 18% between age group of 30-35 yearswith more than 8 years of experience. 56% were from Medical Ward, 24% from surgical ward and 20% from dialysis. This study highlighted that 80% agrees that the therapeutic communication increases nurse client professional relationship and 52% agrees the importance of communication in unconscious patient.

TO ASSESS THE LEVEL OF COPING AMONG THE WIVES OF ALCOHOL DEPENDENTS

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ABSTRACT

The study was carried out among 50 wives, selected by purposive sampling technique of alcohol dependents who were attending the inpatient unit of De addiction centre, NIMHANS. Tools such as Socio demographic data schedule (SDS), Coping with drinking questionnaire (Orford and Guthrie1976) were used to assess the level of coping among the wives of alcohol dependents. The findings showed that most of the wives of alcohol dependents used moderate level of coping strategies. 36(72%) of wives had moderate level of coping, 13(26%) of them used the low level and 1(2%) of subject used high level of coping. Majority of the subjects used

discord (76%) as their coping strategy, about 62% of subjects used avoidance as the coping. More than fifty percent (56%) used marital breakdown as their coping strategy and 56% and 54% of the subjects used fearful withdrawal and sexual withdrawal as their coping. The least coping strategies were taking special action (50%), and indulgence, competition, and anti-drink were found 48%, 31%, 44%. The association found between the level of coping with the religious practices, type of family, type of residence, number of children, interest in social activities, and family history of alcohol dependence but it is statistically not significant.

EFFECTIVENESS OF STRUCTURED ACTIVITY PROGRAMME ON THE LEVEL OF SELF CARE ABILITY ON PERSONAL HYGIENE OF PATIENTS DIAGNOSED WITH SCHIZOPHRENIA

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ABSTRACT

An experimental study design with two groups pre test, post test was used. The study population comprised of female 30 patients (experimental =15 and control=15), selected using multiphase simple random sampling technique from female adult psychiatry wards, NIMHANS, Bangaore 29. The data were collected through structured interviews by using Socio Demographic Data Sheet, Rating Scale for Functional Assessment on personal hygiene. The experimental group patients were exposed to 12 sessions to develop skill in personal hygiene activities such as brushing teeth, eating, nail care, and hair care after conducting pretest. The training was given by using lecture, demonstration, role play and discussion methods of teaching. Video demonstration and power point slides were used for teaching. The analysis showed that there was a significant improvement in the level of functional ability in all four dimensions namely brushing teeth, eating, nail care, and hair care after the intervention. The findings showed statistically significant difference between the experimental group and control group. Therefore the null hypothesis stated "There will be statistically no significant difference in the level of functional ability between experimental group and control group before and after implementation of structured activity programme" was rejected.

PREVALENCE OF OVERWEIGHT/OBESITY AND ITS ASSOCIATED RISK FACTORS AMONG ADOLESCENTS (12-16 YEARS) IN SELECTED SCHOOLS OF BANGALORE

Ms.Minnu Elizabeth Michael and **"Mrs.Sheela Bernet,** Child Health Nursing Department,Narayana Hrudayalaya College of Nursing

A non-experimental descriptive approach was found to be appropriate to describe the prevalence of overweight/obesity and its associated risk factors among adolescents. The sample consisted of 500 adolescents from two different schools. The researcher adopted a two-stage sampling technique, which includes purposive sampling for selection of schools and systematic random sampling for selection of samples. The samples were examined for height & weight using standardized techniques and were administered a semi-structured questionnaire to identify the possible risk factors associated with obesity. Adolescents were categorized into normal, overweight and obese based on K.N.Agarwal's growth chart for Indian children. The overall prevalence of overweight and obesity among adolescents in the present study amounted to 28% and 6.6% respectively. The risk factors of obesity and overweight noted were less physical activity, consumption of junk food, lack of exercise, watching TV when taking food and high frequency of junk food consumption during parties. Availability of high calorie and junk foods in the school canteen also predisposes the adolescents to overweight/obesity (aOR 4.57, 95% CI 2.28-9.16).

"PSYCHOSOCIAL PROBLEMS OF PATIENTS LIVING WITH SICKLE CELL DISEASE"

Theyamma Joseph, Principal, Mar Baselious College of Nursing, Kothamangalam, Kerala

To explore and identify the psychosocial problems of patients having sickle cell disease [SCD] using Exploratory descriptive design, purposively sampled six females above 12 years admitted with painful crisis, was interviewed using a semi structured interview schedule by the

researcher after ethical clearance. Qualitative analysis was done under 9 categories: awareness about sickle cell disease, schooling, adolescence, career life, family role function / self care, social life, marriage and spirituality. Six subjects were of 20 to 30 years age, lack of awareness of their sickle cell disease status until age 9 to 15 years, except one at age 6. Interrupted schooling due to absenteeism from painful crisis and subsequent hospitalizations, no guidance at home or school during crisis period, isolation by peer group, restricted mobility and activity due to painful joints, impaired concentration, loss of self-control and feelings of helplessness were the problems during childhood and school life. Inabilities to fulfill the ambitions, sustain and maintain a gainful employment of their chosen career, and pressure for voluntary retirement were reported. Altered family dynamics, dependency, suppressed feelings, inadequate coping, disrupted social life, conflict about marriage, spiritual distress, and fear about premature death indicated the need for counseling.

PREPARING PRIMIGRAVID WOMEN FOR CHILDBIRTH IN SOUTH INDIA: BEHAVIORAL RESPONSES TO LABOUR PAIN AND OUTCOME OF LABOUR

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Dr. Judith Angelitta.Noronha. M Sc (N), M. Phil (N), Ph D. Associate Professor, Department of Maternal and Child Health Nursing, Sultan Qaboos University of Health Sciences, Sultanate of Oman.

Ms. Sonia R.B.D'Souza M Sc (N), Ph D Fellow. Lecturer, Department of OBG Nursing, Manipal College of Nursing, Manipal University, Manipal, India

ABSTRACT

An evaluative research using a quasi experimental non equivalent group post test only design was used. The population in this study comprised of primigravid women who met the inclusion criteria who were in the first stage of labour. Sample selected by purposive sampling technique consisted of 30 primigravid women each in experimental and control groups Data collection tools consisted of Baseline Proforma, Behavioural Response Observation Checklist

and Outcome of Labour Record. The primigravid women were observed for their behavioural responses for any two hours during first stage of labour with the cervical dilatation ranging between 3-7 cm. Behavioural responses was recorded on a basis of five observations in a period of two hours with a gap of 30 minutes between each observation. Outcome of labour record was completed by referring the patient case record and the parturition register maintained in the labour theatre. The subjects and controls were studied for the mothers in the experimental group had higher behavioural response scores which were statistically significant. The mean duration of labour in experimental group (i.e 7.5446 hours) was lower than that of the control group (i.e 9.0043 hours). But the t value was noy significant at 0.05 level of significance. **Thus, it implied that childbirth preparation class did not have any effect on the duration of labour of the women. It was observed that out of 30 women in the experimental group, 26 had normal delivery whereas only 19 had normal delivery in the control group.** Thus, the study found an association between nature of delivery and childbirth preparation class ($^2_{1df}$ **= 4.356 P< 0.05).** With regard to neonatal outcome, 93.3% in the experimental group did not have caput succedaneum or birth abnormalities when compared to the control group. Chi square computed found that there is association between neonatal outcome and childbirth preparation class ($^2_{1df}$ **= 4.320 P< 0.05**).

THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE, ATTITUDE AND PRACTICE OF PHYSICAL WELLBEING AMONG CHILDREN IN SELECTED SCHOOLS OF BARGUR, KRISHNAGIRI, TAMILNADU

Dr. S. Valliammal, Lecturer, Department of Child Health Nursing, NIMHANS, Bangalore

In this study quasi experimental non equivalent control group before and design was used. 500 school children (8-10 years) by probability multistage- proportionate sampling were selected. Socio demographic data and Knowledge, attitude and practice assessment questionnaire on physical wellbeing was used to obtain the data. There was statistically significant correlation among knowledge, attitude and practice of physical wellbeing and there was also statistically significant association with study findings and few selected socio demographic variables.

EFFECTIVENESS OF PLANNED TEACHING PROGRAMME REGARDING ADOLESCENTS' MENTAL HEALTH & ILLNESS ON THE KNOWLEDGE AMONG HIGH SCHOOL TEACHERS

***Ms Priyadarshini LB, **.Prof Dorothy Deena Theodore,** Psychiatric Nursing, Narayana Hrudayalaya College of Nursing

ABSTRACT

Adolescents constitute 21.4% of population of India. Many studies report that adolescents are prone for mental disorders. Purpose of this study was to assess the knowledge of high school teachers regarding adolescents' mental health and illness, to assess the effectiveness of the planned teaching programme regarding adolescents' mental health and illness on the knowledge of high school teachers and to determine the association between certain demographic variables and knowledge of high school teachers. In the study pre experimental design was adopted and used two stage random sampling technique. Results found that pretest mean score was 22.25, posttest I mean score was 30.29, and in posttest-II 27.23.

"POTENTIAL RISK FOR POSTNATAL DEPRESSIVE SYMPTOMS AND FAMILY SUPPORT AMONG POSTNATAL WOMEN ATTENDING FOR FOLLOW UP"

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Mrs.Suzzane, II year M.Sc (N), Canara College of Nursing, Kundapur

A descriptive research design with cross sectional survey approach was used .100 Postnatal women visiting the hospital for their follow up were selected by Simple random sampling technique. The data was collected using Standardized Edinburgh Postnatal Depression Scale (EPDS), and Standardized Family Support Scale.

Descriptive analyses from the postnatal data (N =100) revealed participants ranged in age from 18 to 40. Majority of women were either married or in a defacto relationship and from nuclear family. Three women reported being without a partner. For most, the current pregnancy was either their first or second child. Majority had Annual family income to be moderate. Prevalence estimated a moderate to severe clinical depression. There was a significant excess risk of depression for unplanned pregnancies and lack of medical attention during pregnancy. Women who had a health problem during the pregnancy, or who lost their baby at delivery, insufficient family support during pregnancy showed an excess risk of depression. Babies with health problems also increased mothers' risk of depression. There was significant association between age, education, income, history of abuse and major life events.

A STUDY TO ASSESS THE EFFECTIVENESS OF VIBRATORY FOOT MASSAGE THERAPY ON PAIN AMONG POST CORONARY ARTERY BYPASS SURGERY PATIENTS

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ABSTRACT

An experimental study was carried to assess the effectiveness of vibratory foot massage therapy on pain among post coronary artery bypass surgery patients, at Narayana Hrudayalaya Hospital, Bangalore. A sample of 60 were randomly chosen and allocated in to study and control group. The study group received vibratory foot massage therapy for 3 consecutive days for duration of 20 minutes each. The pre and post therapy pain scores were assessed using visual analogue scale (VAS). Results showed a significant decrease in post operative pain intensity from a mean score of 7.27 to 1.17, when compared to the control group whose mean pain score ranged from 6.97 to 5.67 at 0.001 levels of significance.

INFECTION CONTROL CONSIDERATIONS AT PLANNING STAGE OF HOSPITAL DESIGN

Ms. Maitreyee Bhattacherjee, Manager Operations, Healthcare Pvt Ltd, Mumbai

ABSTRACT

This is my last two years experience in designing and commissioning of various hospitals (Oman, UAE and Kerala) in DMH (Dr. Moopens Healthcare Pvt Ltd).

In present days, Healthcare industry is witnessing a continued demand for construction of safe and green (LEED) facilities. For such endeavor there is an emerging need for collaboration between those who care for the sick and those who plan the facilities for care, has greater significance than ever before. Many factors promote infection among hospitalized patients, decreased immunity among patients, the increasing variety of medical procedures and invasive techniques and the environmental transmission of drug resistant bacteria among hospitals, where poor infection control practices may facilitate transmission. The physical design of Hospital is an essential component of a hospital's infection control strategy, incorporating infection control issues to minimize the risk of infection transmission. At the planning stage itself certain criteria and principles should be followed like functional segregation of OPD, Inpatient areas from diagnostic and supportive services, concept of zoning in acute care areas, positioning of isolation units, separate arrangement for disposal of garbage and infectious waste from wards and department in the form of separate staircases and lifts, provision of airlock and anteroom before entering into critical care areas. American Institute of Architect (AIA) guidelines for new construction recommends the minimum number of hand washing facilities for patients as one in the toilet room plus having a sink or hand rub pump in foot end side of each patient bed will support infection control practices. Engineering controls, HVAC system help to reduce the concentration of infectious droplet nuclei in the air.

CHILD TO CHILD PROGRAMME ON PREVENTION OF LEAD POISONING

Ms. Gomes Clarisa Milagrina

Prof. Sereena Samuel, Department of Child Health Nursing, KNN College of Nursing.

Prof. Esther Shirly Daniel, Principal, KNN College of Nursing, Bangalore.

ABSTRACT

A study was undertaken to evaluate the effectiveness of Child to Child Programme on "Prevention of Lead Poisoning", among Primary School Children of a selected Government School Bangalore. The research design selected for the study was an evaluative approach.

Target Population for the study were randomly selected respondents studying in 4^{th}, 5^{th}, 6^{th} and 7^{th} standards in Allalsandra Government Primary school, Yelahanka. Data was collected over a period of four weeks, at an average of 20 children per day, using a self administered knowledge questionnaire. The overall mean pre test knowledge score of respondents was found to be 39.6 per cent and SD at 10.8 per cent. Further, the post test mean knowledge score of respondents was found to be 75.3 per cent with SD as 8.4 per cent. The mean enhancement knowledge scores of respondents on prevention of lead poisoning was found to be 35.7 per cent and SD as 10.9 per cent. Paired test establish the significant ($t=29.29^*, P<0.05$).

EFFECTIVENESS OF INDIVIDUALISED HOME BASED NUTRITIONAL EDUCATIONAL INTERVENTIONS ON CHILD CARE PRACTICES OF MOTHERS WITH PEM

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Mrs Shani John Sequeira : MSc N, PhD . HOD Dept of Community Health Nursing, The Oxford College of Nursing

ABSTRACT

Back ground and purpose: This project was aimed at evaluating the effectiveness of home based individualised nutritional education program by nurses in improving knowledge and

practice among the mothers and the impact on child's anthropometric measurements and dietary intake among children with PEM aged 1-5 years in selected urban community Bengaluru.

Method : Pre experimental design with one group pre and post test. Sample consists of 80 mothers & children [40 families] with mild &moderate malnutrition using purposive sampling technique.

Results: After 13 weeks of weekly follow up assessment of child's nutritional status and mothers child care practices it was demonstrated that there was a significant improvement in the knowledge of mothers regarding management of PEM following home based nutritional education at the level of 0.01.The child care practices among mothers improved significantly following home based child care practice. However, a mean weight gain of 0.5kgs was observed among children of all ages [12-24months, 37-48 & 49-60 months] . Interestingly there was also two centimeter mean increase in height was observed among children aged 25-36months. There is no significant improvement in MUAC any age group. There was only marginal improvement in the intake of nutrients such as calories, protein, iron, vitamin A, and calcium. None of the demographic variable except the age of the child had any significant association with knowledge of mothers & child care practices with specific focus on PEM. And in conclusion, there was a negative correlation between post knowledge and practice level of mothers as the knowledge of mother that did not correlate with their child care practice during the entire 13 weeks of study period and 9 months follow up after that.

Conclusion : The home based nutritional education on protein energy malnutrition was significant component of community health nurse practice however, teaching interventions must be strengthened with referrals services that must empower the mothers for better child care.

Key words : Knowledge & practice, home based nutritional education, malnutrition.

EFFECTIVENESS OF EDUCATIONAL INTERVENTION ON THE KNOWLEDGE OF NURSES REGARDING OCCUPATIONAL SAFETY MEASURE IN THEIR WORK PLACES IN PUBLIC HEALTH SETTINGS

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ABSTRACT

As civilization advanced, virtually all types of occupations have had health hazards. In some jobs, the associated health problems are more dangerous than in others. Some occupation. Occupational health problems among nurses may be categorized as physical hazards and ergonomics, chemical hazards, biological hazards, psychosocial hazards and legal safeguard. Nurses have been selected to be the focus of attention in this study because they constitute the largest category of health care workers in most countries. In addition, they have a critical role in the health care delivery system. They generally serve as the primary interface with patients. It would be fair to state that the health care delivery system would cease to function in the absence of nurses. Addressing to the occupational health hazards is of utmost important for the well being of nurses. A safe work environment is essential to maintain standard of care. In this study, an attempt is made to assess the knowledge of nurses regarding Occupational safety measures and to evaluate the effectiveness of structured teaching programme on Occupational safety measures.

Methods : An evaluative approach with one group pretest-post test design was adapted for the study. The structured knowledge questionnaire on occupational hazards and safety measures was used. The main study was conducted at public health settings of Bengaluru urban by using non-probability convenient sampling technique 70 nurses were selected.

The study found that nurses in public health settings had low level of knowledge regarding occupational hazards, safety measures and self care to prevent effects of hazards and after the planned teaching programme the knowledge levels of nurses improved significantly. However, variables such as age, professional qualification, area of working, years of experience had significant association with pre test knowledge levels.

Key Words : Occupational Safety Measures, Nurses in public health settings

"AN EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF ANGER CONTROL MEASURES ON THE LEVEL OF ANGER OF CHILDREN WITH EMOTIONAL AND BEHAVIORAL DISORDER."

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ABSTRACT

Methodology : An experimental study design with two groups pre-test, post-test was used. The study population comprised of 20 clients (experimental=10 and Control=10) of Child and Adolescent Psychiatry, NIMHANS, Bangalore-29. Simple random sampling technique was used for the selection of subjects for the experimental and control group. The data were collected using a socio-demographic data sheet, Anger Assessment Check List for parents to objectively assess the anger expressed by adolescent, Visual Analogue Scale.

The subjects were exposed to seven therapy sessions which included Psycho education, ABC analysis, Relaxation training, Cognitive Restructuring, Problem solving skill training, Assertive skill training, Self Instructional training for anger management. Hand outs on anger management were given to the subjects after each session.

Pre assessment and post assessment scores were compared to assess the level of anger before and after the anger control programme within the group using Wilcoxon Signed Rank test, which is the non-parametric equivalent of paired t-test. Mann-Whitney U test which is the non-parametric equivalent of independent sample t-test was used to compare the scores between the groups.

Results : Pre and post-test total score comparison of anger levels between the groups showed statistically significant reduction in the level of anger, the hypothesis stated for the present study "There will be statistically significant change in the level of anger among the children with emotional and behavioral disorder before and after exposure to anger control programme" was retained.

MUST SEXUALITY AND GENDER LEARNING NEEDS OF NURSING STUDENTS BE CONTEXTUALIZED WITHIN THE NURSING CURRICULA? A QUALITATIVE ANALYSIS OF QUESTIONS ASKED DURING A PILOT TRAINING SESSION

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ABSTRACT

This paper is one of the outcomes of the project entitled, "training modules for nursing students on sexuality and gender" done under the health and population innovation fellowship supported by the population council, New Delhi. The qualitative approach is used to elicit the sexuality and gender learning concerns of nursing students during a pilot training program with a view to justify the need for contextualizing the content and process of sexuality and gender education within the nursing curricula.

Four modules covering sexuality, gender, sexual / reproductive health and life skills were piloted on first year nursing students from selected institutions in Bengaluru sequentially. Only participatory methods were used. The sessions were taken for the whole batch together. In all 239 first year nursing students with age ranging from 17-35 years, completed the initial assessment form. Sessions were done during the regular curricula program based on availability of the particular batch. Students were given related worksheets and handouts on topics that were covered.

Students were asked to write out questions/concerns anonymously related to the topics covered. These questions were answered in subsequent sessions and were analysed to idientify emergent themes. Myths and misconceptions were identified in all age groups.

Personal and professional concers about their ability to address these issues do exist in nursing students. This initial paper only cotends the need for a comprehensive unit on sexuality and gender using participatory methods in the first year of nursing, in the context of questions asked by these students.

Key terms : nursing students. Curricula, sexuality, gender, sexual and reproductive health, qualitative analysis.

"THE KNOWLEDGE OF WARNING SIGNS OF CANCER", AMONG ADULTS ATTENDING OUT PATIENT DEPARTMENT AT NARAYANAPURA PRIMARY HEALTH CENTRE, BANGALORE, KARNATAKA

Amsa Devasitham. S & Prof. Reena, Department of Nursing. Kidwai, Bangalore.

ABSTRACT

A Study was undertaken to assess the knowledge of " Warning Signs Of Cancer", among adults attending outpatient department at Narayanapura Primary Health Centre, Bangalore, Karnataka, with a view to develop an informational booklet". The research design selected for the study was explanatory descriptive approach. The sample for the present study comprised of 100 respondents attending the Narayanapura primary health center, Bangalore. Data was collected over a period of four weeks, at an average of 3-4 respondent per day, using a knowledge questionnaire. The overall mean knowledge score of respondents found to be 30.8 per cent and SD as 13.7 per cent on warning signs of cancer. The mean knowledge score found to be better in the aspect of risk factors (35.7%) followed by causes of cancer (33.0%), meaning and concept (30.3%) and warning signs of cancer (29.2%). The less mean knowledge score found in the aspect of common signs of cancer (20.0%). The result depicts that majority of the respondents (79.0%) found to have inadequate knowledge as compared to only 21.0 per cent of respondents noticed with moderate knowledge level on warning signs of cancer.

It can be concluded that there exists an inadequate knowledge on warning signs of cancer among the respondents

"A STUDY TO ASSESS THE ATTITUDE TOWARDS MENTAL ILLNESS IN A SELECTED RURAL COMMUNITY AT BANGALORE"

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ABSTRACT

A survey of a selected rural community was undertaken by the researcher. A modified version of the questionnaire, Opinions about Mental Illness in the Chinese Community (Ng & Chan, 2000) was used to collect the data. Data was collected from 37 subjects who were selected by purposive sampling method. The scale consists of 34 items on a 5 point likert scale. They were 16 positive questions and 18 negative questions and it was divided into six domains namely S-Separatism, St-Stereotyping, R-Restrictiveness, B-Benevolence, P-Pessimistic prediction & Stig-Stigmatization. Attitude score with their characteristics combined both positive attitudes towards mental illness was mean score 69.4%.

The researcher concluded that that the attitude of the rural community towards mental illness was 60% showed that they have a fairly positive attitude towards mental illness.

KEY FINDINGS FROM RESEARCH STUDIES ON SAFE NURSE STAFFING

Complied by Prof. Esther Shirley Daniel, Principal, K N N College of Nursing, Bangalore.

Safe Staffing Impacts Patient Safety and Quality of Care

- Evidence suggests that improving nurse work environments in hospitals could result in improved patient outcomes, including better patient experiences and higher satisfaction ratings. Patient-to-nurse ratios in hospitals does affect patient satisfaction ratings and recommendation of the hospital to others.

Kutney-Lee, A, McHugh, M.D., Sloane, D.M., Cimiotti, J.P., Flynn, L., Felber Neff, D., and Aiken, L.H. (2009). Nursing: A Key to Patient Satisfaction. *Health Affairs* 28 (4), 669-677.

- Consistent evidence from observational studies suggests that an increase in Registered Nurse (RN) to patient ratios was associated with a reduction in hospital-related mortality, failure to rescue, and other nurse-sensitive outcomes, as well as reduced length of stay. An increase in total nurse hours per patient day was associated with reduced hospital mortality, failure to rescue, and other adverse events.

Kane, R.L., Shamliyan, T., Mueller, C., Duval, S., and Wilt, T.J. (2007). Nurse Staffing and Quality of Patient Care. Agency for Healthcare Research and Quality. AHRQ Publication 07-E005.

- Research suggests that improved registered nurse staffing has a beneficial effect on patient outcomes. Conversely, research shows that the likelihood of both overall patient mortality (i.e., in-hospital death) and mortality following a complication (failure to rescue) increases by 7% for each additional patient added to the average registered nurse workload.

Aiken, L.H., Clark S.P., Sloan D.M., Sochalski J.& Silber J.H. (2002). Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction. *Journal of the American Medical Association,* 288(16), 1987-93.

- Evidence shows that both a higher proportion of RNs in the nurse staffing mix and more RN hours per patient day are associated with decreased length of stay. Authors found that fewer nurses per patient resulted in greater rates of urinary tract infections, upper gastrointestinal bleeding, pneumonia, and cardiac arrest.

Needleman, J., Buerhaus, P., Mattke, S., Stewart, M., & Zelevinsky, K.(2002). Nurse Staffing Levels and the Quality of Care in Hospitals. *New England Journal of Medicine,* 346(22), 1715-22.

- Results from a sample of Pennsylvania hospitals indicates that increased nurse staffing is associated with reductions in atelectasis (lung collapse), decubitus ulcers, falls, and urinary tract infections.

Unruh, L. (2003). Licensed Nurse Staffing and Adverse Events in Hospitals. *Medical Care,* 41(1), 142-52.

- Savings from shortened length of stay improve the cost-effectiveness of increased staffing, although the savings only offset half of the increased labor costs. Savings resulting from decreased length of stay would largely accrue to payers, such as health insurers, while hospitals would incur the costs of additional staffing.

Rothberg, M.B., Abraham, I., Lindenauer, P.K.& Rose, D.N. (2005). Improving Nurse to Patient Staffing Ratios as a Cost Effective Safety Intervention. *Medical Care*, 43(8), 785-91.

Safe Staffing and Medical Errors

- Hospital nurses reporting higher workloads in a survey were more likely to report more frequent medical errors and patient falls occurring in their units over the previous year.

Sochalski, J. (2004). Is More Better? The Relationship Between Hospital Staffing and the Quality of Nursing Care in Hospitals.*Medical Care,* 42(2 Suppl.) 1167-73.

- The number of hours worked by RNs is an important factor in the rate of medical errors. Odds of making an error during a shift of 12.5 hours or longer is over three times as great as during a shift of 8.5 hours or less.

Rogers, A.E., Hwang, W., Scott, L.D., Aiken, L.H., Dinges, D.F. (2004). The Working Hours of Hospital Staff Nurses and Patient Safety. Health Affairs, 23(4), 202-12.

- The Institute of Medicine, in a study of the nursing work environment, recommends that the length of nursing shifts be limited to 12 hours in any 24 hour period, whether mandatory or voluntary.

Institute of Medicine (2004) *Keeping Patients Safe: Transforming the Work Environment of Nurses.* Washington, D.C., National Academies Press, p.237.

Safe Staffing Affects the Retention of Experienced RNs

- Patient workload is one of the working conditions that affect the job satisfaction of RNs. Researchers found that 43% of surveyed RNs had high scores on burnout measures, and that 41% reported they were dissatisfied with their jobs. These negative feelings foreshadowed a retention problem: Almost 23% of the nurses surveyed reported they were planning to quit their current jobs within the next year.

Aiken, L.H., Clarke, S.P., Sochalski, J., Busse, R., Clarke, H., Giovannetti, P., Hunt, J., Rafferty, A., & Shamian, J. (2001). Nurses' Report on Hospital Care in Five Countries. *Health Affairs,*20(3), 43-53.

- A statistically significant relationship exists between lower nurse-to-patient ratios and higher levels of reported dissatisfaction and burnout among RNs.

Aiken, L.H., Clark S.P., Sloan D.M., Sochalski J.& Silber J.H.(2002). Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction. *Journal of the American Medical Association,* 288(16), 1987-93.

- Preliminary evidence indicates a link between mandatory staffing plan legislation and the most positive nurse work environment perceptions among RNs when compared with either the implementation of mandatory staffing ratios or with no workforce regulation. These results are based on a study examining the variations in work environment perceptions of 4,000 RNs in 10 states.

Cox, K.S., Anderson, S.C., Teasley, S.L., Sexton, K.A., & Carroll, C.A. (2005). Nurses' Work Environment Perceptions When Employed in States With and Without Mandatory Staffing Ratios and/or Mandatory Staffing Plans. *Policy, Politics, & Nursing Practice,* 6(3), 191-197.

EVIDENCE BASED PRACTICE TOWARDS THE ACHIEVEMENT OF HEALTH CARE GOALS BY NURSES IN A SELECTED COMMUNITY

Sr. Doris, Principal, Department of Community Health Nursing, Holy Cross College of Nursing, Kottiyam, Kollam, Kerala.

Objectives

1. Assess health care needs
2. Provide health care services
3. Evaluate the outcome

Methodology : Qualitative study by adopting Participatory Action Research (PAR). **Population:** Inhabitants of Themnala Panchayath. **Samples:** Nurses, Health team, Population groups. **Technique:** Chain sampling. **Dependent variable:** Health and development. **Independent variable:** Nursing interventions. **Hypothesis:** There is significant difference in the health and development of communities by the intervention of nurse experts. **Methods:** Observation, field visit, interview, training, and nursing interventions. **Materials:** Check list, questionnaire, nursing kit and orientation module. **Setting of the study:** Holy cross rural health center, Urukunnu and selected village. **Data collection:** By triangulation.

Analysis and findings :

Health center			Community		
t Value	df	At 0.05 Level	t Value	df	At 0.05 Level
16.81	9	Significant	16.6	9	Significant

Total population 33,725; Surveyed 92%

a) Low income group 65.37%

Family income above Rs. 2001 per month 34.63%

Family income below Rs. 1000 per month 18.17%

b) Education above SSLC 38.11%

Illiterate 4.01%

Unemployed 38.96%

On interview, 100% of client satisfaction for care provided by nurses. 100% empowerment of volunteers.

Calculated 't' value 16.66 greater than table value 1.812 at 0.00 level of significance. The research hypothesis is accepted.

Conclusion : It was found that nurse can provide comprehensive health care for large portion of population in the community.

TIPS AND WARNINGS FOR AN EXCELLENT NURSE

Elizabeth Philip, Deputy Nursing Superintendent

From many years of my Nursing Experience, I would like to share some valuable tips with you so that you will transform yourselves into Nurses of Excellence!

(Hospital policies change from one hospital to another and my tips may be limited. If I need to add or delete information, please leave me some feedback! Thanks)

- Maintain patient confidentiality at all times.
- Wash your hands with each patient contact.

- Check labs and note any abnormalities. Is the doctor aware of them?
- Keep patients' bed low to ground and locked.
- Make sure that the appropriate side rails are up.
- Vest and wrist restraint straps should be tied to bed frame; NOT bed rails!
- Check vital signs; note abnormalities.
- Check the patient's activity level-Bed rest, Out of bed, bathroom privileges, etc.
- Check: What is patient's diet? Is he/she eating well? Is he/she on Tube feed?
- IV sites and Foleys should be dated.
- TPN/PPN/Liquids/Tube Feeds: the tubes are good for 24 hours.
- IV fluid is good for 24 hours; tubing is good for 4 days (96 hours).
- Check when did the patient have a bowel movement last time?
- Did the patient sleep at night?
- Make sure patient's head of bed is elevated 30 degrees or greater.
- Trendelensburg position is no longer in practice (Increases Intracranial pressure)
- Check whether the patient is on Isolation Precautions?
- Are there Warning signs above patient's bed; e.g. Seizure, Aspiration, Fall Risk Precautions? No Blood Draws, blood pressures in certain extremity due to Dialysis catheters/grafts; Mastectomy, etc.
- Does the patient have ID bands on, including Allergy band?
- Is patient on Anticoagulant Protocol to prevent Deep Vein Thrombosis or Pulmonary Embolus? Heparin, Lovenox, Sequential Compression Devices? If not, let doctor know.
- Do frequent mouth care for your patients.
- Check patients for wounds and turn them every 2 hours in bed.
- Keep patient's rooms clean and uncluttered.
- Find out if your patient is a Full Code, DNR or Limited DNR.
- Do a complete head to toe patient assessment.
- High risk medication-Blood, IV Chemo, Heparin, etc. need 2 Nurses for verification.
- Make sure IV pump is correctly programmed for the IV solution-Proper rate/weight/drug concentration, etc.
- Nurses need to stay with patient for 15 minutes for Blood Transfusion; note any reactions-Back pain, Shortness of breath, restlessness, etc.. If a reaction occurs, stop transfusion, infuse Normal saline and call doctor for orders.

- Always use a 20 gauge needle for Blood transfusions.
- Read back Physician orders to maintain patient safety.
- Always use patient's name and date of birth as patient identifiers, NEVER room numbers.
- Check patient for internal and external devices-Pacemakers, IVC filters, Colostomies, Chest tubes, T-tubes, J-Pratt drains, NG and Gastrostomy tubes, etc.
- Check to see if patient had recent labs; if not, let doctor know.
- Is the patient's 24 hour chart check complete?
- Are the patient's 5 R's properly utilized? Right patient, Right dose, Right time, right medication, right route?
- Is the patient's plan of care updated?
- Patient's linen and waste should go in proper containers.
- Sharp containers should never be left in the patient's room full.
- Patients should be educated about the Influenza/Pneumoccocal Vaccinations; are they eligible to take them?
- Patient education should be done upon admission and upon discharge.
- Check patient's residuals for NG and Gastrostomy tubes. Never discard the residuals. If residuals greater than 100, turn off feeding and call doctor for orders.
- Dress professionally at all times.
- Show up for work on time.
- Maintain a positive attitude.
- Incorporate teamwork in your patient care.
- Talk to charge nurse and supervisor for unresolved issues, patient abuse, sexual harassment, discrimination, workplace injuries, etc.
- If something does not feel or look right with your patients, speak up without fear.
- Know your limitations to nursing care.
- Utilize your hospital manuals for medication administration, nursing policies and procedures, etc.
- Get involved in educational opportunities.
- Maintain a rapport with fellow nursing and medical staff.
- Use time management wisely.
- Become an effective communicator and listener.
- Prioritize your patient care.

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Please log on to http://www.sochni.com for further information or contact President, SOCHNI or Secretary, SOCHNI for membership details.

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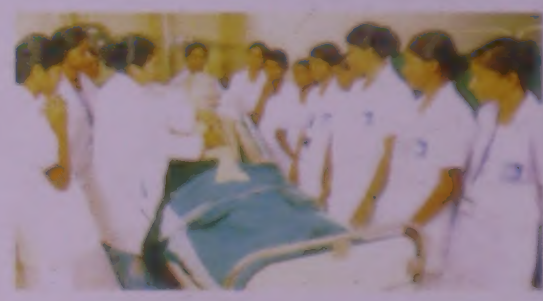


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